Video transcript

**EPS and eRD: support and guidance for prescribers**

Welcome to our Let’s Talk EPS presentation.

So today we are looking at developing the best way forward for practices and pharmacies to maximise EPS.

My name is Emma Fazackerley and I'm a prescription service team manager. I've got Linda Taylor with me today who is our pharmaceutical technical analyst and she will be presenting the prescribing information section.

So, our objectives:

As I said before, we are developing the best way forward for practices and pharmacists to maximise EPS.

We’re looking at developing and agreeing a way forward which improves patient experience with EPS and eRD.

We’re looking at discussing the challenges that are related to EPS and eRD for practices, patients and pharmacists.

And we want to discuss the benefits of EPS and eRD and how we can help maximise usage.

The benefits of EPS and eRD:

Improved data is captured through EPS, enabling and reporting to inform medicines optimisation initiatives.

The increase of EPS means an 88% reduction in storage space needed for paper prescriptions if EPS usage reached its maximum level. If EPS was at its full potential, up to 12.9 million paper prescriptions could be saved nationally each month – this is equivalent to a seven foot tall pile of prescriptions.

Through reduced sorting and scanning, the NHSBSA can save millions to reinvest in primary care. The time saved in practice means there's more appointments available for patients.

Patients don't need to visit their GP practice to collect repeat prescriptions – they can go straight to the pharmacy.

Patients benefit from a reliable, secure and confidential service. Electronic prescriptions can't get lost between practice and pharmacy, so it's a safer method to get your repeat prescriptions and your prescriptions.

Benefits for dispensers:

EPS means that you've got automated downloads, making prescription processing more efficient. Less time spent on administration and collecting prescriptions means more time helping your customers. Improved stock and greater accuracy. And a prescription collection service is no longer required between your pharmacy and practices.

So you have improved patient satisfaction through a reduction in waiting times, increased accuracy meaning fewer prescription inquiries and less sorting of paper to send into the NHSBSA prescription services.

As we've mentioned before communication is key between practices and pharmacists, which is why we’re arranging these workshops, so we can get everybody in the same room to facilitate communications and your challenges with EPS and eRD.

The prescription tracker is a key component of EPS, as electronic prescriptions cannot be lost. So in your EPS tracker you should be able to see where your EPS prescription is at all times. If it's with the practice it will say with practice and if it's with the dispenser it will say your pharmacy account.

Promote to patients, using NHSBSA messaging. If we do not hold material suitable for you, you can always contact us and we will look at developing some suitable material. And we may be able to build a specific package for you in the pharmacy.

Identify patients that are suitable for eRD. I know Linda spoke before about the request form that is on our website. That is practice-led at the moment and so unfortunately we can't provide it for pharmacy, but you as a pharmacist can identify patients that you think are suitable for eRD and have that communication with your practice to ask them if they can put them on eRD.

We are also working closely with system suppliers for pharmacy software, so if you have any issues or problems within your systems, you can get in touch using our EPS Support email, which is on the end of the slides, and we might be able to help you with some of your software issues.

How we process our prescription form:

So in 2007 we redesigned our systems to ensure that we would be able to accept EPS.

So the top image is an EPS prescription form that has come through to us for processing and the bottom image is of a prescription form that has been scanned.

We use scanners and Intelligent Character Recognition software to read a lot of the information on paper prescriptions. As you can see the blacked out boxes are what the ICR has read. And the yellow box is the item that needs a user to identify and process correctly. We follow the rules set out by the NHS England and Wales Drug Tariff for both paper and EPS forms.

Electronic prescriptions and tokens:

Tokens are scanned for exemption purposes. There is no need to submit tokens that are automatically age exempt. We use the exemption or charge paid statuses that are set up in your claim message. You need to be careful when you've submitted your EPS messages to us because it can revert back to paid, so can you just check before you send the messages to us for payment. Once it's come through to us for payment we cannot amend anything in the system.

Electronic claiming:

We’ve got a small diagram just to explain how you need to send your claim messages into us for correct payment. As you can see on the diagram, if you’re looking for an August payment and you dispense the prescription on the 29th of August, you need to send the claim message to us by 4th of September for an August payment. If your dispense notification comes to us on the 29th August, but you submit your claim message to us on the 6th of September, this will go through as a September payment. If you send your dispense notification on the 1st of September but you send your claim message on the 5th of September, this will stay in a September payment.

EPS versus paper returns:

So this is regarding your referred backs or your resubmitted forms that we send you in your envelopes.

Only 0.05% of all EPS items are referred back to contractors, compared to 0.17% of paper items.

The majority of returns are due to missing packs, prices or suppliers.

All items prescribed via EPS must match the DM+D listing. This also avoids the return of a lot of appliances and handwritten items.

What we do to support pharmacists:

We're arranging events like this to engage with practices

We provide materials to engage with patients. So if you have any monitors, or screens, or sections where you put posters up, we can supply you with posters regarding EPS and eRD to promote this with patients.

We work with system suppliers to find training materials. This is all posted on our website.

And we report on the dispensing data through our dashboards, which is also available on our website.

As a pharmacist you are contractually obliged to ask four questions to a patient when they're on eRD:

1. Have you seen any healthcare professional since your last repeat was supplied?
2. Have you recently started taking any new medication, either on prescription or that you have bought over the counter?
3. Have you been having any problems with your medication or experiencing any side effects?
4. Are there any items on your repeat prescription that you don’t need this month?

We would like to know about the additional challenges you face when looking into the increase of EPS. We are working with CCGs, LPCs and NHS Digital to understand how best to support you and provide solutions.

Our website is nhsbsa.nhs.uk and our email address is [nhsbsa.epssupport@nhs.net](mailto:nhsbsa.epssupport@nhs.net)

Thank you.

**Any questions?**

We're having some issues with regards to EPS. What we do to report that? So we're having issues with downloading things on the system.

If you just report it to your system supplier, then we'll be able to help with any EPS or download issues.

If there is a problem with any of your connections if you look on the NHS Digital website they do have a live service status where you can check if there are any problems with the spine. Then if everything's ok on there, you know that it's an issue with your particular system supplier.

As a GP, how would I cancel a prescription?

The first port of call would be to look on the EPS tracker. It will tell you whether the prescription is still on the spine, or whether it’s been downloaded and it's in the pharmacy, and whether it's actually been dispensed to the patient.

If it’s still on the spine you can just cancel it.

If it's with the pharmacy it will tell you the contact details of the pharmacy so you can give them a ring and ask them to return it to the spine.

If it's actually been dispensed to the patient you would have to contact the patient and ask them if they would give you a ring or come in to surgery to review the medication.

What happens if a patient comes to collect a prescription, but we don't have the medication in stock?

If your patient goes to a pharmacy and the pharmacist has already downloaded and actively started dispensing the prescription and they don't have the medication in stock, they have to not dispense it on the system. The patient will have to go back to the GP for the token to be downloaded.

If the pharmacist hasn’t actively started dispensing the prescription, they can return it back to the spine and the patient can go to another pharmacy that they choose.

Have you got an update on Phase 4?

Phase 4 is currently being trialled and there is a national rollout planned for September 2019. For more up-to-date information you just need to visit the NHS Digital website.